PATENT APPLICATION FEE DETERMINATION RECORD

Effective OCHObor1, 2003

Application or Docket Number

10/648919

CLAIMS AS FILED - PART I							;	SMALL E	NTITY		OTHER	THAN.
7074 0			(Column 1)		(Colu	Column 2)		TYPE [OR	SMALL	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	\$385	OR	BASIC FEE	3770
TOTAL CHARGEABLE CLAIMS			minus 20=		* .			X\$ Q =		OR	X\$ % =	
INDEPENDENT CLAIMS			minus 3 =		*			X43=		OR	x8b=	
M	JLTIPLE DEPE	NDENT CLAIM F	PREȘENT					+145=		OR	+290=	
*	the difference	e in column 1 is	less than z	less than zero, enter "0" in co			1	TOTAL		OR	TOTAL	
ľ	198/00	CLAIMS AS	AMENDE	MENDED - PART II						-2	OTHER	
(Column 1) (Column 2) (Co						(Column 3)	1 -	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENTA		REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL REE		RATE	ADDI- TIONAL FEE
	Total	1. 99	Minus	** 6	(<u>a</u>	=		x\$9=		QR	X\$(8=	
	Independent	* 5 ENTATION OF M	Minus	PENDENT	OLAIM	=		XX[3=		OR	×26=	
 -			OLIN EL DE	LNOLINI	ODAIN		1	+145 =		OR	AND.	
11/34/03							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)							•					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	4	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 22	Minus	** 26	\overline{k}	=		x\$9=		OR	X\$/8=	
	Independent	. 3	Minus	*** 3	•	=	-	X43=			×86=	
_	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		╽┠	7.13-		OR	100	
				• ***		•		+145=		OR	+290=\	
				•			Α	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT FEE	
		(Column 1)	E CERTIFICATION	(Colum		(Column 3)	ı	•				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S	Total	*	Minus	**		=		X\$9=		OR	X\$(8:=	
AME	Independent	*	Minus	***		=	-	x43=		ŀ	X86	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + 45=										OR		
* If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+3710=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
T	he "Highest Num	ber Previously Paid	for" (Total or	Independen	nt) is the	highest number	foun	d in the appr	opriate box	in colu	ımn 1.	